

PTO/SB/97 (12-97)
Approved for use through 9/30/00. OMB 0561-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

In re: Request for Refund
Application No.: 09/766,271

Certificate of Transmission under 37 CFR 1.8

Attn: Refund
Fax No.: (703) 308-6778

I hereby certify that this correspondence is being facsimile transmitted to the
Patent and Trademark Office

on 01/27/2005

Date


Signature

Patricia C. Lambuth

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Total Sheets Transmitted - 7

1. Request for Refund to Deposit Account 500534 - 2 sheets
2. January Monthly Statement of Deposit Account 500534 - 1 sheet
3. Copy of IDS cover sheet - 1 sheet
4. Copy of EPO communication cover letter dated September 1, 2004 (01.09.04) - 1 sheet.
5. Copy of returned postcard showing date received as 11/10/2004 - 1 sheet
6. Certificate of Transmission - 1 sheet

Following is a request for \$180.00 refund to Deposit Account 500534 for application 09/766,271.

If you do not receive all pages please call me at (831) 726-1457.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.